

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90123 010 \*\*\*150.00

<b>DOCUMENT # P05000010829</b>	
1. Entity Name <b>D&amp;J WINDOW CLEANING SERVICE, INC.</b>	

Principal Place of Business <b>13450 GREENGATE BLVD. #321 FORT MYERS, FL 33919</b>	Mailing Address <b>13450 GREENGATE BLVD. #321 FORT MYERS, FL 33919</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. <b>12272 Country Day Cir.</b>	Suite, Apt. #, etc. <b>12272 Country Day Cir.</b>
City & State <b>Ft. Myers FL</b>	City & State <b>Ft. Myers FL</b>
Zip <b>33913</b>	Country <b>USA</b>



07092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
<b>LETOURNEAU, JAMES H 13450 GREENGATE BLVD. #321 FORT MYERS, FL 33919</b>	
7. Name and Address of New Registered Agent	
Name <b>James Letourneau</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>12272 Country Day Circle</b>	
City <b>Ft. Myers</b>	State <b>FL</b>
Zip <b>33913</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James H. Letourneau Sec* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LETOURNEAU, HELEN M <b>13450 GREENGATE BLVD. #321 FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12272 Country Day Cir. Ft. Myers FL 33913</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LETOURNEAU, JAMES H <b>13450 GREENGATE BLVD. #321 FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12272 Country Day Cir. Ft. Myers FL 33913</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James H. Letourneau Sec* **7/11/07** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR